



**SOUTHWEST TEXAS CONFERENCE
BUTTERFLY PILGRIM APPLICATION 2006**

PLEASE TYPE OR PRINT LEGIBLY IN INK

- ALL INFORMATION IS REQUIRED FOR PLACEMENT ON A FLIGHT
- **ALL 4 SIGNATURES ARE REQUIRED BEFORE FORM CAN BE PROCESSED**
- RETURN THE COMPLETED FORM TO YOUR SPONSOR, SO THEY MAY FILL IN THEIR SECTION.
- **IF YOU HAVE NOT RECEIVED NOTIFICATION OF RECEIPT, PLEASE CALL THE OFFICE OF THE REGISTRAR AT TOLL FREE 888-349-4193.**

Chrysalis requested: 1st Choice Flight # _____ Date _____ 2nd Choice Flight # _____ Date _____

SECTION A: CANDIDATE INFORMATION

Last Name: _____ First Name: _____ Name Tag: _____

Male Female DOB: ____/____/19____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ - _____ Email address: _____

Church Name and the denomination presently attending _____

School: _____ Grade Level Fall 2006: _____

Has Chrysalis been fully explained to you? Yes No Has Post Flight follow up been explained? Yes No

Name of the Local Chrysalis Next Step or Emmaus 4th Day Group for Post Flight gatherings that you would be attending (check with your sponsor if unclear what the name is) _____

SECTION B: COVENANT OF CONDUCT

(1) No alcohol. (2) No illegal drugs. (3) No inappropriate sexual behavior. (4) No willful destruction or abuse of property. Cost of repairs will be paid by those responsible for damage. *Violation of Rules 1-4 will result in the immediate expulsion of the participant from the event, and, in the case of minors, parents and pastors will be called.* (5) The daily schedule will be followed at all times by participants. (6) Fireworks, firearms, skateboards or skates, radios, tape or CD players, and cameras or any other items that may interfere with the purpose of the event are not allowed. (7) Misuse of snack food, which includes the ordering or delivering of food items, is not allowed. (8) No one may leave the site of the event. Cars brought by youth are to be parked and not moved until the end of the event. (9) Total cost will be paid by each applicant regardless of the amount of time spent at the event. (10) Tobacco use allowed only in designated areas. *Violation of Rules 5-10 will result in disciplinary action at the Adult Lay Director's discretion.*

I have read the COVENANT OF CONDUCT and I agree to abide by all rules described therein.

Candidate's Signature: _____ Date: _____

Section C: Medical Information

The applicant is taking the following medications: _____

All prescriptions must be sent in the original container, labeled with instructions and content.

Do you have special Health issues or Non Food Allergies that would affect your participation on the Flight? Yes No

If YES~ Please explain: _____

Do you have any Handicaps that would affect your participation on the Flight? Yes No

If YES~ Please explain: _____

Are you on a special diet or have Food Allergies? Yes No

If YES~ Please explain: _____

Date of last Tetanus: _____ Doctor's Name/Number: _____

SECTION D: INSURANCE INFORMATION

Name of Insured (Relationship): _____ ID#: _____

Group/Policy #: _____ Eligibility Phone Number (Member Services): _____

Insurance Carrier Name/Address: _____

SECTION E: Parent/Guardian Information and Signature

Parent/Guardian: Last Name: _____ First Name: _____
Address _____ City _____ State _____ Zip _____
Home Phone (____) _____ - _____ Work Phone (____) _____ - _____ Cell Phone (____) _____ - _____
Email address: _____ Pager (____) _____ - _____

Please check all accepted statements before signing this application:

- My child, identified on this application, has my permission as parent/legal guardian to attend the Chrysalis event on the dates outlined on this application. During the event, I may be reached at the numbers above
- I understand that my child will be in the care of the adult volunteers of the Chrysalis Team. In the event that I cannot be contacted in an emergency situation, I hereby give my consent for medical treatment to be administered to my son/daughter under the supervision of a Chrysalis adult volunteer. I agree to be responsible for all expenses incurred in the treatment of my son/daughter.
- Yes No May we publish your telephone number and home address on lists of participants distributed to other butterflies and team members during the event?
- Yes No I would like my child to receive information by mail/email about up coming events sponsored by:
 The Local Chrysalis / Emmaus Group The Southwest Texas Conference UMC The Upper Room

Signature of Parent/Guardian: _____ **Date:** _____

SECTION F: SPONSOR'S SECTION

Sponsor's Last Name: _____ First Name: _____
Address _____ City _____ State _____ Zip _____
Home Phone (____) _____ - _____ Work Phone (____) _____ - _____ Cell Phone (____) _____ - _____
Email address: _____ Pager (____) _____ - _____

Chrysalis FLIGHT and JOURNEY retreats are designed to deepen the relationship young men and women have with Christ. It is a time of self-discovery and spiritual centering. **Sponsors should consider carefully whether their candidate has the maturity to truly benefit from the Chrysalis event.** Candidates for Chrysalis should understand the nature of the weekend and be willing to engage in the discussions and self-reflection necessary to make Chrysalis a meaningful experience. *Every sponsor should reflect upon his or her motivation for wanting to sponsor a young person and make sure it is consistent with the purpose of Chrysalis.* Some examples of mistaken purpose include: "to get all my friends to go"; to have a full weekend; to reproduce one's own religious experience in others; to "fix" a young person's problems or crisis.

After prayerful consideration, I would like to propose that this applicant, who has been attending _____ (church) as a candidate for the Chrysalis event. I have known this applicant for _____ (mo/yr) and I think this is a good time for this candidate to attend a Chrysalis. I understand that my responsibilities as a sponsor include: prayer for my candidate leading up to and during the event, as well as participation in the sponsor's events during the weekend, and any other duties outlined to me as a sponsor. I will make every effort to fully participate in the Chrysalis event for my candidate.

Sponsor's Signature: _____ Date: _____

Church Leader, Pastor, or Youth Director Section

I understand the purpose of the Chrysalis weekend, and agree that _____ is spiritually and emotionally mature enough to benefit from the Chrysalis experience at this time. (PLEASE PRINT)

Name: _____ Church: _____
Address: _____ City/State/Zip: _____
Phone: _____ Email: _____
Signature: _____ Date: _____

Check made payable in full to "Treasurer, Southwest Texas Conference"

Mail this completed form and fee to: Emmaus Registrar, 16400 Huebner Rd., San Antonio, TX 78248
